



CONTRA COSTA COUNTY ANIMAL SERVICES DEPARTMENT VOLUNTEER APPLICATION

Please return this portion of the application to 4800 Imhoff Place, Martinez, CA 94553-4393

Date _____ Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ E-mail address _____

Age _____ (you must be 18 years old to volunteer) Date of Birth _____

Are you employed? _____ Name of employer _____

Work telephone _____ May we contact you at work? _____

Do you have pets? _____ If yes, how many and what type? _____

License/tag no. _____ (If you own a dog over 4 months of age, he/she must be licensed if living in this county)

Have you ever worked as a Volunteer before? Yes _____ No _____

What organizations?	Description of work	How long?
_____	_____	_____
_____	_____	_____

Volunteers are asked to make a **6-month commitment**, and to volunteer at least 4 hours each week. Approximately how much time do you feel you can contribute to the Contra Costa County Animal Services Volunteer Program?

Please indicate the following days and shifts are able to commit to volunteering:

Day(s): ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. Shift(s): ☐ 9am-1pm ☐ 1-5pm

Why are you interested in being an Animal Services Volunteer? _____

How did you find out about the program? _____

Do you have any restrictions that might affect your availability for Volunteer work (family, health problems, transportation, etc.?) _____

Do you have any known allergies? Yes _____ No _____ If so, please list: Dogs _____ Cats _____ Medication _____

Do you have a medication you must take? Yes _____ No _____ If yes, please list _____

Medical or hospital insurance plan _____

Person to call in emergency _____ Phone # _____

Please list any special skills, licenses, certificates and/or registrations (Animal Health Technician, teachers, etc.) that would be useful in your volunteer work with us _____

_____ *continue to page 2 ▶*

CONTRA COSTA COUNTY ANIMAL SERVICES DEPARTMENT

Volunteer Application page 2



This is to certify that I, the undersigned, am in possession of a valid California Driver's License:

Number_____ Expiration Date_____ Class_____

My car is a: Make_____ Model_____ Year_____ License/Tag #_____

My car is insured with (Company)_____

Policy Number_____ Expiration Date_____

I further certify that I have minimum liability insurance coverage as follows:

\$15,000 for injury to, or death of one person

\$30,000 for injury to, or death of two or more persons in one accident

\$5,000 for property damage

If I no longer meet the minimum liability insurance coverage requirements, I will immediately notify the Volunteer Program Manager.

Signature_____ I certify that I will not be operating a vehicle in my capacity as a volunteer.

Have you ever been convicted of any offense by any civilian or military court?_____

If yes, please note the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit traffic violations for which the only penalty imposed was a fine of less than \$50.00

**A criminal record is not necessarily a bar to acceptance. Each case is given individual consideration.*

I, the undersigned, declare the information I have provided in this Volunteer Application to be true. I understand that if I falsify any information on this document, I will not be permitted to volunteer with Contra Costa County Animal Services Department. If I am approved to volunteer, I understand that I am not to share unauthorized information and accept responsibility for any confidential breach on my part. I have read the Volunteer Program Policy adopted by the Contra Costa County Board of Supervisors. In return for the benefits provided by Contra Costa County in case of my illness, injury, death, or third party liability while providing, or resulting from acts or occurrences within the scope of my authorized volunteer services, and for my right to authorized expense reimbursement, I waive any claim on my behalf and on behalf of my heirs, representatives, and assigns against the County of Contra Costa any other agency governed by the Board of Supervisors, and any agent, officer or employee thereof for illness, injury, debts or without limitation, other harm arising from my volunteer services, whether or not authorized.

Signature_____ Date_____

Volunteer applications are subject to review and approval by Contra Costa County Animal Services Department. Upon approval, Volunteers will be required to attend a Volunteer Orientation prior to beginning Volunteer service.